

ROUTING SLIP FOR INVOICES

DATE February 14, 2018

CONTRACTOR Caring to Love

PO # 2000224936

MONTH OF SERVICE July 2017 Supp

TO Jeanine

INITIAL REVIEW J

DATE 2/22/18

FSPS2 REVIEW \_\_\_\_\_

DATE \_\_\_\_\_

Program Manager 1/2 DD

DATE 2/22/18

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 2/22/18

EQUIPMENT TO BE TAGGED? no

ADVANCE RECOUPMENT? \_\_\_\_\_

COMMENTS:

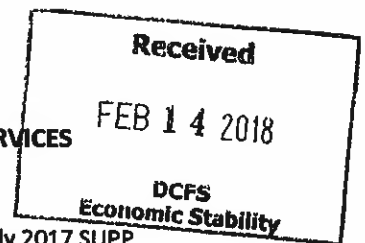
No adjustments

Home prenatal care nurse insc was not in original contract budget. This item was added c A1. 2/15 requested h.p.c.n. BCB amount. 2/22/18 - needed

\* Budget revision effective 7/1/17 added Health Insurance to Home Prenatal Care Nurse



DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Cost Reimbursement Invoice Form



Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

July 2017 SUPP

Service Period

719885 2000224936

Contractor/PO#

2000 224936-0717SUPP

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ -	\$ 27,880.86	\$ 27,880.86	\$ 45,079.14	
FRINGE BENEFITS	\$ 10,309.44	\$ 250.00	\$ 4,043.17	\$ 4,293.17	\$ 6,016.27	
TRAVEL	\$ 1,080.00	\$ -	\$ 1,027.45	\$ 1,027.45	\$ 52.55	
OPERATING SERVICES	\$ 60,370.56	\$ -	\$ 19,452.24	\$ 19,452.24	\$ 40,918.32	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ -	\$ 46,500.00	\$ 46,500.00	\$ 47,700.00	
OTHER CHARGES	\$ 434,880.00	\$ 6,740.00	\$ 209,820.00	\$ 216,560.00	\$ 218,320.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ -	\$ 28,500.00	\$ 28,500.00	\$ 28,500.00	
TOTALS	\$ 730,800.00	\$ 6,990.00	\$ 337,223.72	\$ 344,213.72	\$ 386,586.28	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Dorothy Wallis*

, President/CEO

Signature of Authorized Contractor Representative and Title

2/12/2018

Date

FOR DCFS USE ONLY					
DCFS Invoice Number 224936 OTS	Org 4274	Obj 3740	Rep Cat 5071	Sub Obj line 2	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

Program Compliance Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

*Debra Shuman* Program Manager 2/22/18  
Signature and Title of Authorized DCFS Official

*Jeanine LeBlanc* 2/22/18

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries  
SERVICE PROVIDED: Abortion Alternative-Statewide  
  
ADDRESS 3813 N. Flannery Rd.  
Baton Rouge, LA 70814  
CONTACT PERSON: Dorothy Wallis  
TITLE: President/CEO

REPORT CATEGORY # 5071  
P. O. # 2000 224936  
GRS ORG CODE # 4274  
OBJECT CODE 3740  
INVOICE # 2000224936-0717SUPP  
PHONE # 225-273-1124  
  
MONTH & YEAR July 2017 Supplemental  
PARISH SERVED: Statewide

CUMM PREVIOUS 1st MONTH PARTICIPANTS 1104  
1st MONTH PARTICIPANTS SERVED THIS MONTH: 1  
CUMMULATIVE 1st MONTH PARTICIPANTS 1105

**SECTION A-SALARY**

Services Coordinator	Sanaretha Gray	0.00		
Home Prenatal Care Nurse	Kim Hardee	0.00		
Home Prenatal Care Educator	J Monic Adams	0.00		
Clerical Support Specialist		0.00		
TOTAL SALARIES-Direct Svcs			0.00	0.00

**SECTION B - FRINGE**

Insurance	Direct Services	250.00		
FICA	Direct Services	0.00		
Worker's Compensation	Direct Services	0.00		
TOTAL FRINGES-Direct Svcs			250.00	250.00

**SECTION C - TRAVEL**

Travel	Direct Services	0.00		
Travel	Direct Services	0.00		
TOTAL TRAVEL-Direct Svcs			0.00	0.00

**SECTION D - OPERATING EXPENSES**

Printing	Direct Services	0.00		
Printing	Direct Services	0.00		
Office Supplies	Direct Services	0.00		
Copy Machine	Direct Services	0.00		
Internet Service	Direct Services	0.00		
Media	Direct Services	0.00		
Website	Direct Services	0.00		
KNOWforSURE	Direct Services	0.00		
TOTAL OPERATING EXPENSES FOR MONTH			0.00	0.00

0 • C

1,600 • ×  
15,625 %  
250 • 00 \*

0 • C

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

**SECTION F - PROFESSIONAL**

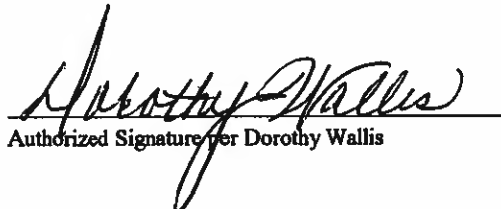
Accounting Services	Vickie Davis	0.00		
Performance Improvement Coord	Garcia Bodley	0.00		
Public Relations/Media Coord	Randy Rice	0.00		
Webmaster/Info Tech Cons.	Kathleen Benfield	0.00		
Information Technology Cons.	Turnkey	0.00		
Auditor Services	Michael Choate, CPA	0.00		
	JHam/Rita			
Professional Technical Svc	Michelle/Emily/Alexis	0.00		
	<b>TOTAL PROFESSIONAL</b>		<b>0.00</b>	<b>0.00</b>

**SECTION G-OTHER CHARGES**

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	1	10.00
Positive Pregnancy Test	\$ 10.00	55	550.00
Negative Pregnancy Test	\$ 10.00	1	10.00
Abstinence Education	\$ 30.00	1	30.00
Counseling	\$ 40.00	70	2,800.00
Referral Services	\$ 10.00	59	590.00
Health Risk Assessment	\$ 30.00	81	2,430.00
Care Plan Development	\$ 30.00	-	0.00
On-going Care	\$ 30.00	20	600.00
Family Support Services	\$ 40.00	(7)	-280.00
Home Outreach Support Services	\$ 75.00	-	0.00
Birth Outcome Confirmation	\$ 40.00	-	0.00
	<b>TOTAL OTHER CHARGES</b>		<b>6,740.00</b>

**SECTION I - INDIRECT COST**

Project Administrator	Dorothy Wallis	-		
Health Insurance		-		
	<b>TOTAL INDIRECT COST</b>			
	<b>TOTAL INVOICE</b>		<b>\$ 6,990.00</b>	

  
Authorized Signature per Dorothy Wallis

Project Administrator

2/9/2018  
Date

OFS Approval

Telephone Number

2/9/2018  
Date

\*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO: OM&F FISCAL  
PAYMENT MANAGEMENT/CONTRACTS  
PO BOX 3927  
BATON ROUGE, LOUISIANA

P.O.# 200 224936 – 0717SUPP  
ACH Transfer Detail Grid for July 2017

ection	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Bank Strn Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	CPC-Gonzales	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Hamn/a	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svd	Sanaretha Gray	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svs	Michelle Dyess	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	n/a	n/a	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	13	15	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	16	18	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	19	21	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	22	24	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	n/a	n/a	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	25	27	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	28	30	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	n/a	n/a	Gulf Coast Bank & Tst	5



**GULF COAST BANK**  
& Trust Company

Gulf Coast Bank and Trust Company LCP CHECKING 6649

Last Updated: 2/10/2018 5:54 PM

**\$613.26**  
Available Balance

<b>Start Date</b>	<b>End Date</b>	<b>Transaction Type</b>
2/7/2018	<input type="text" value="31"/> to 2/10/2018 <input type="text" value="31"/>	
<b>Min Amount</b>	<b>Max Amount</b>	<b>Check #</b>
	\$0.00 to	\$0.00 to

Apply Filters

Reset

Date	Description	ACH Pg #	Amount
FEB 9 2018	Jan 2018 CPC		(\$15,735.00)
FEB 9 2018	Jan 2018 APC		(\$12,240.00)
FEB 9 2018	Jan 2018 WRC		(\$7,180.00)
FEB 9 2018	Jan 2018 Restoration		(\$5,435.00)
FEB 9 2018	Jan 2018 Access-Catholic		(\$1,560.00)
FEB 9 2018	Jan 2018 Gonzales		(\$1,210.00)
FEB 9 2018	Travel-Jan 2018		(\$52.55)
FEB 7 2018	D Wallis-Jan17		(\$4,500.00)
FEB 7 2018	Sept17 Suppl		(\$3,930.00)
FEB 7 2018	Aug17 Suppl		(\$2,955.00)
FEB 7 2018	Dec17 Media		(\$2,667.00)

2/10/2018

Gulf Coast Bank and Trust

Act Pg #

FEB 7 2018	Sept17 Suppl		(\$2,500.00)
FEB 7 2018	Sept17 Suppl	15	(\$2,340.00)
FEB 7 2018	July17 Suppl		(\$2,250.00)
FEB 7 2018	Jan17		(\$2,200.00)
FEB 7 2018	Aug17 Suppl		(\$2,175.00)
FEB 7 2018	July17 Suppl	18	(\$1,810.00)
FEB 7 2018	Aug17 Suppl		(\$1,620.00)
FEB 7 2018	July17 Suppl	21	(\$1,620.00)
FEB 7 2018	Aug17 Suppl		(\$1,520.00)
FEB 7 2018	Oct17 Suppl		(\$1,320.00)
FEB 7 2018	Jan17		(\$1,125.00)
FEB 7 2018	Jan17 SFW		(\$875.00)
FEB 7 2018	Jan17		(\$800.00)
FEB 7 2018	July17 Suppl	27	(\$710.00)
FEB 7 2018	Jan17 P/R		(\$700.00)
FEB 7 2018	Jan17		(\$500.00)
FEB 7 2018	Aug17 Suppl Gonzales		(\$420.00)
FEB 7 2018	Jan17		(\$393.75)
FEB 7 2018	Sept17 Suppl Gonzales		(\$370.00)

2/10/2018

Gulf Coast Bank and Trust

ACH PS#

24

(\$270.00)

FEB 7  
2018

July17 Suppl

FEB 7  
2018

Jan17

(\$250.00)

FEB 7  
2018

Jan17

(\$250.00)

FEB 7  
2018

Dec17 Suppl

(\$180.00)

FEB 7  
2018

Jan17

(\$150.00)

FEB 7  
2018

Sept17 Suppl

(\$140.00)

FEB 7  
2018

Aug17 Suppl

(\$120.00)

FEB 7  
2018

July17 Suppl Gonzales

30

(\$80.00)

FEB 7  
2018

TMS Transfer from DDA#100637305 per Dorothy Wallis

+ \$2,500.00



**PO# 2000 224936**

**SECTION B**

**FRINGES**

## EMPLOYEE ADJUSTMENT SUMMARY PAGE: CARING TO LOVE MINISTRIES

**Group Name:** CARING TO LOVE MINISTRIES  
**Group ID:** 27A61ERC  
**Subgroup ID:** 0000  
**Due Date:** 08/15/2017

Because Kim change from a single to a group type her premium increased \$292.43.

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Adjustment
Harden Kim A	20227623	PPO	\$292.43	\$0.00	0	\$292.43
<b>Total Adjustments</b>			<b>\$292.43</b>			<b>\$292.43</b>

## EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

**Group Name:** CARING TO LOVE MINISTRIES  
**Group ID:** 27A61ERC  
**Subgroup ID:** 0000  
**Due Date:** 08/15/2017

### ► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Harden Kim A	20227623	PPO	\$292.43	\$0.00	0	\$292.43
Wallis, Dorothy T	200579064	PPO	\$0.00	\$889.38	0	\$889.38
<b>Totals</b>						<b>\$2,426.46</b>

**Jeanine M. LeBlanc**

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**From:** Dorothy Wallis <dwallis@ctlm.org>  
**Sent:** Thursday, February 22, 2018 7:22 AM  
**To:** Jeanine M. LeBlanc  
**Subject:** CTL 17-18 ATA August Supplemental Blue Cross Blue Shield Detail Page  
**Attachments:** CTL July BCBS Hardee & Wallis markup.pdf; ATT00001.htm; CTL August BCBS Hardee & Wallis mark up.pdf; ATT00002.htm; August 17-18 Proof to pay BCBS Insurance.pdf; ATT00003.htm; August 2017 Supp Billing Invoice With highlight.pdf; ATT00004.htm

Corrected last paragraph from yesterday's email concerning Kim Hardee's insurance premium:

The other attached files are supporting documentation that Kim Hardees BCBS payment was made in the August invoice and Not to the august supplemental. If you have further questions, please let me know.

Best, Dorothy Wallis

# EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

Group Name: CARING TO LOVE MINISTRIES  
Group ID: 27A61ERC  
Subgroup ID: 0000  
Due Date: 07/15/2017

## ► A001 - ACTIVE EMPLOYEES

Kim Hardees Premium amount is July \$952.22. This is for a single person. The ATA-LCP pays \$250.00 toward the payment of the \$952.22.

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Wallis, Dorothy T		PPO	\$0.00	\$889.38	0	\$889.38
Totals						\$1,841.60

## Jeanine M. LeBlanc

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**From:** Dorothy Wallis <dwallis@ctlm.org>  
**Sent:** Saturday, February 17, 2018 8:08 PM  
**To:** Jeanine M. LeBlanc  
**Cc:** Dorothy Wallis  
**Subject:** CTL 17-18 ATA August Supplemental Blue Cross Blue Shield Detail Page  
**Attachments:** CTL August BCBS Hardee & Wallis.pdf; CTL July BCBS Hardee & Wallis.pdf; August 2017 Supp Billing Invoice.pdf

Good Morning Jeanine,

I have attached per your request, the Blue Cross Blue Shield employee detail page for the July supplemental for the Home Prenatal Care Nurse. I also included per your request for August, just in case you needed it for something else, since we did not bill in our August supplemental.

If you have any further questions or request, please feel free to contact me anytime.

Thanking you once again,  
Dorothy Wallis

**From:** Jeanine M. LeBlanc [mailto:Jeanine.LeBlanc.DCFS@LA.GOV]  
**Sent:** Thursday, February 15, 2018 3:22 PM  
**To:** Dorothy Wallis <dwallis@ctlm.org>  
**Subject:** RE: Supplemental Billing summary

Ms. Wallis:

The July and August supplements contain health insurance for Home Prenatal Care Nurse. Please provide verification of the amount of this health insurance.

Thank you.

j

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**From:** Dorothy Wallis [mailto:dwallis@ctlm.org]  
**Sent:** Saturday, February 10, 2018 12:29 AM  
**To:** Jeanine M. LeBlanc  
**Cc:** Dorothy Wallis  
**Subject:** Supplemental Billing summary

Jeanine,

Attached is the summary of the supplemental billings.

Pregnancy Services:

July \$6990.00  
August \$8810.00  
Sept \$11,947.00

Oct \$3987.00  
Nov \$2666.00  
Dec \$2847.00

We are billing:

\$250.00 in Section B Fringe-Insurance,  
\$10,667.00 in Section D Operating-Media,  
and \$26,330.00 in Section G-Other Charges.

Grand Total is \$37,247.00.

Once again, we appreciate your help,

Dorothy Wallis

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**From:** Jeanine M. LeBlanc [<mailto:Jeanine.LeBlanc.DCFS@LA.GOV>]  
**Sent:** Thursday, February 8, 2018 12:16 PM  
**To:** Dorothy Wallis <[dwallis@ctlm.org](mailto:dwallis@ctlm.org)>  
**Subject:** RE: Clarification question

Ms. Wallis:

You are correct. This contract does follow the State Fiscal Year. You can submit supplemental invoice requests from July 2017 forward.

Just out of curiosity, how many supplements will you submit and what items will be in these supplements?

j

---

**From:** Dorothy Wallis [<mailto:dwallis@ctlm.org>]  
**Sent:** Thursday, February 08, 2018 11:56 AM  
**To:** Jeanine M. LeBlanc  
**Subject:** Clarification question

Good morning Jeanine,

I very much appreciate you taking time to speak with me late yesterday. I'm following up on our conversation to ensure that I asked the question correctly and understood the answer correctly.

Concerning Caring to Love Ministries requesting to invoice supplementals for previous services provided under the Life Choice Project. CTLM and the State entered into a new contract fiscal year 17-18 July 1, 2017. In the past years CTLM was allowed to submit the supplemental billing to cover periods as far back as the start of the new funding period. Did I understand you correctly that the supplemental billing is only allowable as far back as October 2017? Did you mean to say July? Should you have any questions, please feel free to contact me.

Again, Thank you for your  
continued assistance.  
- Dorothy Wallis

Sent from my iPhone



# EMPLOYEE ADJUSTMENT SUMMARY PAGE: CARING TO LOVE MINISTRIES

**Group Name:** CARING TO LOVE MINISTRIES  
**Group ID:** 27A61ERC  
**Subgroup ID:** 0000  
**Due Date:** 08/15/2017

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Adjustment
Harold, Kim A.		PPO	\$292.43	\$0.00	0	\$292.43
<b>Total Adjustments</b>			<b>\$292.43</b>			<b>\$292.43</b>

# EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

**Group Name:** CARING TO LOVE MINISTRIES  
**Group ID:** 27A61ERC  
**Subgroup ID:** 0000  
**Due Date:** 08/15/2017

## ► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Harold, Kim A.		PPO	\$292.43	\$0.00	0	\$292.43
Wallis, Dorothy T		PPO	\$0.00	\$889.38	0	\$889.38
<b>Totals</b>						<b>\$2,426.46</b>



# EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

Group Name: CARING TO LOVE MINISTRIES  
Group ID: 27A61ERC  
Subgroup ID: 0000  
Due Date: 07/15/2017

## ► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Wallis, Dorothy T	000000000	PPO	\$0.00	\$889.38	0	\$889.38
Totals						\$1,841.60

ISS2716000179020

Louisiana

HMO Louisiana

**SOUTHERN NATIONAL**  
LIFE INSURANCE COMPANY, INC.

**Group Payment Notice**

**CARING TO LOVE MINISTRIES**

ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814

Group ID: 274600000  
Subgroup ID: 0000

**Due Date:** 07/15/2017  
**Billing Date:** 06/29/2017

**Invoice Period From :** 07/15/2017  
**Invoice Period Through:** 08/14/2017  
**Invoice Number :** 171800001685

**Subscriber Count:** 2

Outstanding Balance.....	\$0.00
Premiums This Period.....	\$1,841.60
Member Adjustments.....	\$0.00
Fees and Other Adjustments.....	\$0.00
Current Billed Amount.....	\$1,841.60

**Please Pay Total Amount Due**

\$1,841.60

continued ➡

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

**SECTION B-FRINGES-Insurance**

**LCP Budget to reimburse CTLM = \$250.00 for month**

Section B-Fringes-Insurance

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICROFINED BORDER

**CARING TO LOVE MINISTRIES**  
 OPERATING ACCOUNT  
 8818 N. FLANNERY ROAD  
 BATON ROUGE, LA 70814  
 (225) 273-1124

**BATON ROUGE, LOUISIANA**  
 84-18/864  
 7/7/17

**17639**

PAY TO THE ORDER OF Blue Cross Blue Shield \$ **1,841.80**

One Thousand Eight Hundred Forty-One and 80/100 DOLLARS

Blue Cross Blue Shield  
 P.O. Box 650007  
 Dallas, TX 75265

VOID AFTER 60 DAYS  
 OPERATING ACCOUNT

*[Signature]*  
 AUTHORIZED SIGNATURE

MEMO  
 Group ID 27A61ERC Subgroup 0000 7/15/17-8/14/

000102 117 071217 1088  
 27A61ERC DAL CRED TO PAYEE  
 0712305424/12 ABS END GUAR  
 071217 187472 117 234

SECTION B-FRINGS-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

**PO# 2000 224936**

**SECTION G**

**OTHER CHARGES**

**TOTAL ALL SUB REPORTS**

Cummi from Last Month	1104 Cummi 2nd Visits Last Month	1018
Number of New Participants	1 New 2nd Visits	81
Cumulative Participants	1105 Cummi 2nd Visits	1099

<u>Client Services</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	1	\$ 10.00
Positive Pregnancy Test	\$ 10.00	56	\$ 560.00
Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
Abstinence Education	\$ 30.00	1	\$ 30.00
Counseling	\$ 40.00	70	\$ 2,800.00
Referral Services	\$ 10.00	59	\$ 590.00
Health Risk Assessment	\$ 30.00	81	\$ 2,430.00
Care Plan Development	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	20	\$ 600.00
Family Support Services	\$ 40.00	(7)	\$ (280.00)
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		<b>281</b>	<b>\$ 6,740.00</b>

Amount Due \$ 6,740.00

**Summary:**

Care Pregnancy Clinic	\$ 2,250.00
Women's Resource Center of Natch LA	\$ 1,810.00
A Pregnancy Center	\$ 1,620.00
Access Pregnancy-(Catholic Charities)	\$ 270.00
Women's Life Ministries	\$ -
Restoration House	\$ 710.00
CPC-Gonzales	\$ 80.00

**TOTAL ALL CENTERS**

**\$ 6,740.00**

Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization: Care Pregnancy Clinic  
Project Number: LCP17-18-01  
Date of Report: 07/01/2017 thru 07/31/2017 (Report Printed: 02/12/2018)  
Report Submitted By: Deborah Clayton  
Address: 3813 N. Flannery Rd.  
City State Zip: Baton Rouge, LA 70814

IN KIND

Client: Not Coun  
Appr: Mins Date  
Source Or Donor: ID  
Value: Center

REIMBURSEMENT

New Pos. Clients: 66 2nd: 46 3rd: 19 Pantry: 49 Home: 10 Postpartum: 6

Description of Service	#Served	Reimb. Cost	Total
Intake Application	66	\$10	660
Positive Pregnancy Test	66	\$10	660
Negative Pregnancy Test	19	\$10	190
Abstinence Education	19	\$30	570
Counseling	66	\$40	2640
Referral Services	66	\$10	660
Health Risk Assessment	66	\$30	1980
Care Plan Development	66	\$30	1980
On-going Care/Monitoring	66	\$30	1980
Family Support Services	66	\$40	2640
Home Outreach Support Services	66	\$75	4950
Birth Outcome Confirmation	66	\$40	2640

Total Services: 2256  
Total Billed: 2256

2nd Positive and/or Negative Test Authorization ☐

Adjustments: ☐

Total Billed: ☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature  
Supervisor's Signature  
Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

*[Handwritten signatures and initials]*

## SECTION G Coordinated Prenatal Care Services

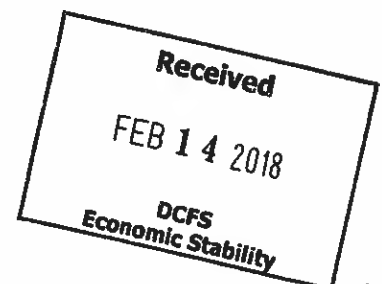
P.O.# 2000 2249

Care Pregnancy ClinicLCP 17-18-01

Cumm from Last Month	414	Cumm 2nd Visits Last Month	375
Number of New Participants for This Mo	1	New 2nd Visits	29
Cummulative Participants	415	Cumm 2nd Visits	404

Client Services:UNIT COST# ClientsTOTALS

Intake Application Process	\$ 10.00	1	\$ 10.00
Positive Pregnancy Test	\$ 10.00	19	\$ 190.00
Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
Abstinence Education	\$ 30.00	1	\$ 30.00
Counseling	\$ 40.00	19	\$ 760.00
Referral Services	\$ 10.00	17	\$ 170.00
Health Risk Assessment	\$ 30.00	29	\$ 870.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	11	\$ 330.00
Family Support Services	\$ 40.00	(3)	\$ (120.00)
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEM		95	\$ 2,250.00

Amount Due \$ 2,250.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77682	LCP CHECKING xxxxxx6649	\$2,250.00

<b>Tracking ID:</b> 77682	<b>Total Amount:</b> \$2,250.00
<b>Created:</b> 02/06/2018 2:32 PM	<b>Total Payments:</b> 1
<b>Created By:</b> DOROTHY WALLIS	<b>From:</b> LCP CHECKING xxxxxx6649
<b>Authorized:</b> 02/06/2018 2:32 PM	<b>ACH Class Code:</b> CCD
<b>Authorized By:</b> DOROTHY WALLIS	<b>ACH Header:</b> CARING TO LOVE M
<b>Will process On:</b> 2/6/2018	
<b>Effective:</b> 2/7/2018	

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$2,250.00	XXXX6569	Checking	XXXXX0153	

Addenda: July17 Suppl

**APPROVAL(S):**

1 DOROTHY WALLIS



**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La  
 Project Number LCP17-18-04  
 Date of Report 07/01/2017 thru 07/31/2017 (Report Printed: 02/05/2018)  
 Report Submitted By Danette Westfall  
 Address 107 North Street  
 City State Zip Natchitoches, LA 71457

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client	Coun Mins	Date	Center ID
			Not Appr			

**REIMBURSEMENT**

New Pos. Clients:41 2nd:23 3rd:18 Pantry:32 Home:5 Postpartum:10

Description of Service	#Served	Reimb. Cost	Total
Intake Application	20	\$10	\$ 200
Positive Pregnancy Test	41 18 SA	\$10	\$ 410 180 SA
Negative Pregnancy Test	5	\$10	\$ 50
Abstinence Education	5	\$30	\$ 150
Counseling	41 18 SA	\$40	\$ 1640 720 SA
Referral Services	46 23 SA	\$10	\$ 460 230 SA
Health Risk Assessment	46 23 SA	\$30	\$ 1380 690 SA
Care Plan Development	23	\$30	\$ 690
On-Going Care/Monitoring	23 5 SA	\$30	\$ 690 150 SA
Family Support Services	10 14 SA	\$40	\$ 400 1160 SA
Home Outreach Support Services	5	\$75	\$ 375
Birth Outcome Confirmation	10	\$40	\$ 400

Total Services    283 83 SA    \$ 6925 1810 SA

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

☐
☐
☐
☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 2249

Women's Resource Center of Natc LCP-17-18-04

Cumm from Last Month	155	Cumm 2nd Visits Last Month	165
Number of New Participants for This Mo	-	New 2nd Visits	23
Cummulative Participants	155	Cumm 2nd Visits	188

Client Services:UNIT COST# ClientsTOTALS

Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	18	\$ 180.00
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	18	\$ 720.00
Referral Services	\$ 10.00	23	\$ 230.00
Health Risk Assessment	\$ 30.00	23	\$ 690.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	5	\$ 150.00
Family Support Services	\$ 40.00	(4)	\$ (160.00)
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEM		83	\$ 1,810.00

Amount Due \$ 1,810.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77683	LCP CHECKING xxxxxx6649	\$1,810.00

**Tracking ID:** 77683

**Total Amount:** \$1,810.00

**Created:** 02/06/2018 2:33 PM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 02/06/2018 2:33 PM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 2/6/2018

**Effective:** 2/7/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$1,810.00	XXXX078	Checking	XXXXX2949	

**Addenda:** July17 Suppl

**APPROVAL(S):**

1 DOROTHY WALLIS

**Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      A Pregnancy Center & Clinic  
Project Number            LCP17-18-103  
Date of Report            07/01/2017 thru 07/31/2017 (Report Printed: 02/06/2018)  
Report Submitted By      Denise Williamson  
Address                    913 S. College Rd Ste 206  
City State Zip            Lafayette, LA 70503

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins Date	Center ID
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**REIMBURSEMENT**

New Pos. Clients:45 2nd:27 3rd:18 Pantry:53 Home:8 Postpartum:4

Description of Service	#Served	Reimb. Cost	Total
Intake Application	<del>20</del>	\$10	\$ <del>200</del>
Positive Pregnancy Test	<del>45</del> 18 SA	\$10	\$ <del>450</del> 180 SA
Negative Pregnancy Test	<del>2</del>	\$10	\$ <del>20</del>
Abstinence Education	<del>1</del>	\$30	\$ <del>30</del>
Counseling	<del>45</del> 18 SA	\$40	\$ <del>1800</del> 720 SA
Referral Services	<del>45</del> 18 SA	\$10	\$ <del>450</del> 180 SA
Health Risk Assessment	<del>45</del> 18 SA	\$30	\$ <del>1350</del> 540 SA
Care Plan Development	<del>27</del>	\$30	\$ <del>810</del>
On-Going Care/Monitoring	<del>18</del>	\$30	\$ <del>540</del>
Family Support Services	<del>12</del>	\$40	\$ <del>520</del>
Home Outreach Support Services	<del>8</del>	\$75	\$ <del>600</del>
Birth Outcome Confirmation	<del>4</del>	\$40	\$ <del>160</del>

Total Services      ~~280~~ 72 SA      \$ ~~7000~~ 1620 SA

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:      ☐      ☐  
Total Billed      ☐      ☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*Denise Williamson*  
*Bridget Thibodeaux*  
*Denise Williamson*

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## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy CenterLCP-17-18-103

Cumm from Last Month	231	Cumm 2nd Visits Last Month	232
Number of New Participants for This Mo	-	New 2nd Visits	18
Cummulative Participants	231	Cumm 2nd Visits	250

Client Services:UNIT COST# ClientsTOTALS

Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	18	\$ 180.00
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	18	\$ 720.00
Referral Services	\$ 10.00	18	\$ 180.00
Health Risk Assessment	\$ 30.00	18	\$ 540.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	-	\$ -
Family Support Services	\$ 40.00	-	\$ -
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEM		72	\$ 1,620.00

Amount Due \$ 1,620.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77684	LCP CHECKING xxxxxx6649	\$1,620.00

Tracking ID: 77684

Total Amount: \$1,620.00

Created: 02/06/2018 2:34 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/06/2018 2:35 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$1,620.00	XXXX2775	Checking	XXXXX0222	

Addenda: July17 Suppl

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization: Access - Catholic Charities  
 Project Number: LCF17-18-107-1  
 Date of Report: 07/01/2017 thru 07/31/2017 (Report Printed: 03/05/2018)  
 Report Submitted By: Kay Bongard  
 Address: 921 Aris Avenue  
 City State Zip: Metairie, LA 70005

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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**REIMBURSEMENT**

New Prg: 00000001 Ind:12 Ord:0 Entry:40 Home:0 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	1	\$10	\$10
Positive Pregnancy Test	1	\$10	\$10
Negative Pregnancy Test	1	\$10	\$10
Abstinence Education	1	\$30	\$30
Counseling	1	\$40	\$40
Referral Services	1	\$10	\$10
Health Risk Assessment	1	\$30	\$30
Care Plan Development	1	\$30	\$30
On-Going Care/Monitoring	1	\$30	\$30
Family Support Services	1	\$40	\$40
Home Visitation Support Services	1	\$25	\$25
Birth Outcome Coordination	1	\$40	\$40

*Handwritten notes: 240 SA, 30 SA*

Total Services *SA* \$ *270 SA*

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Char) LCP-17-18-107-1

Cumm from Last Month	70	Cumm 2nd Visits Last Month	65
Number of New Participants for This Mo	-	New 2nd Visits	-
Cummulative Participants	70	Cumm 2nd Visits	65

Client Services:

	UNIT COST	# Clients	TOTALS
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	-	\$ -
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	6	\$ 240.00
Referral Services	\$ 10.00	-	\$ -
Health Risk Assessment	\$ 30.00	-	\$ -
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	1	\$ 30.00
Family Support Services	\$ 40.00	-	\$ -
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEM		7	\$ 270.00

Amount Due \$ 270.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77686	LCP CHECKING xxxxxx6649	\$270.00

**Tracking ID:** 77686

**Total Amount:** \$270.00

**Created:** 02/06/2018 2:36 PM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 02/06/2018 2:36 PM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 2/6/2018

**Effective:** 2/7/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$270.00	XXXXX21274	Checking	XXXXX0137	

**Addenda:** July17 Suppl

**APPROVAL(S):**

1 DOROTHY WALLIS

Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.  
Project Number LCP17-18-116  
Date of Report 07/01/2017 thru 07/31/2017 (Report Printed: 02/06/2018)  
Report Submitted By Tara Hudgins  
Address  
City State Zip ,

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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**REIMBURSEMENT**

New Pos. Clients:22 2nd:11 3rd:8 Pantry:27 Home:7 Postpartum:2

Description of Service	#Served	Reimb. Cost	Total
Intake Application	28	\$10	\$ 280
Positive Pregnancy Test	22	\$10	\$ 220
Negative Pregnancy Test	6	\$10	\$ 60
Abstinence Education	6	\$30	\$ 180
Counseling	30-8 PM	\$40	\$ 1200 320 SA
Referral Services	39	\$10	\$ 390
Health Risk Assessment	22 10 PM	\$30	\$ 660 300 SA
Care Plan Development	22 3 SA	\$30	\$ 660 90 SA
On-Going Care/Monitoring	11	\$30	\$ 330
Family Support Services	20	\$40	\$ 800
Home Outreach Support Services	7	\$75	\$ 525
Birth Outcome Confirmation	2	\$40	\$ 80

Total Services ~~200~~ 210 SA \$ ~~5400~~ 710 SA

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 2249

Restoration House

LCP 17-18-116

Cumm from Last Month	131	Cumm 2nd Visits Last Month	127
Number of New Participants for This Mo	-	New 2nd Visits	10
Cummulative Participants	131	Cumm 2nd Visits	137

REIMBURSEMENT

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	-	\$ -
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	8	\$ 320.00
Referral Services	\$ 10.00	-	\$ -
Health Risk Assessment	\$ 30.00	10	\$ 300.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	3	\$ 90.00
Family Support Services	\$ 40.00	-	\$ -
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEM		21	\$ 710.00

Amount Due \$ 710.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77692	LCP CHECKING xxxxxx6649	\$710.00

**Tracking ID:** 77692

**Total Amount:** \$710.00

**Created:** 02/06/2018 2:42 PM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 02/06/2018 2:42 PM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 2/6/2018

**Effective:** 2/7/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$710.00	XXXX176	Checking	XXXXX5459	

**Addenda:** July17 Suppl

**APPROVAL(S):**

1 DOROTHY WALLIS

**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization CPC Gonzales  
 Project Number LCP17-18-01-1  
 Date of Report 07/01/2017 thru 07/31/2017 (Report Printed: 02/05/2018)  
 Report Submitted By Michelle Dyess  
 Address 322 E. Worthy  
 City State Zip Gonzales, LA 70737

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client		Coun Mins Date	Center ID
			Not Appr			

**REIMBURSEMENT**

New Pos. Clients:4 2nd:4 3rd:1 Pantry:4 Home:0 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	1*	\$10	\$ 10
Positive Pregnancy Test	4	\$10	\$ 40
Negative Pregnancy Test	10	\$10	\$ 100
Abstinence Education	10	\$30	\$ 300
Counseling	5 1 SA	\$40	\$ 200 40 SA
Referral Services	5 1 SA	\$10	\$ 50 10 SA
Health Risk Assessment	5 1 SA	\$30	\$ 150 30 SA
Care Plan Development	4	\$30	\$ 120
On-Going Care/Monitoring	1	\$30	\$ 30
Family Support Services	7	\$40	\$ 280
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	0	\$40	\$ 0

Total Services ~~65~~ 3 SA \$ ~~1410~~ 80. SA

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

☐
☐
☐
☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*Michelle Dyess*  
*Michelle Dyess*  
*Michelle Dyess*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*



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## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 2249

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	67	Cumm 2nd Visits Last Month	23
Number of New Participants for This Mo	-	New 2nd Visits	1
Cummulative Participants	67	Cumm 2nd Visits	24

## REIMBURSEMENT

Client Services:

	UNIT COST	# Clients	TOTALS
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	-	\$ -
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	1	\$ 40.00
Referral Services	\$ 10.00	1	\$ 10.00
Health Risk Assessment	\$ 30.00	1	\$ 30.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	-	\$ -
Family Support Services	\$ 40.00	-	\$ -
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEM		3	\$ 80.00

Amount Due \$ 80.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77690	LCP CHECKING xxxxxx6649	\$80.00

**Tracking ID:** 77690

**Total Amount:** \$80.00

**Created:** 02/06/2018 2:40 PM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 02/06/2018 2:40 PM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 2/6/2018

**Effective:** 2/7/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$80.00	XXXX6569	Checking	XXXXX0153	

**Addenda:** July17 Suppl Gonzales

**APPROVAL(S):**

1 DOROTHY WALLIS

30